



**Immediately notify  
DOH Communicable  
Disease Epidemiology  
Phone: 877-539-4344**

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Probable

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_  
LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

# Hemolytic Uremic Syndrome (HUS)

County \_\_\_\_\_

By: ☐ Lab ☐ Clinical  
☐ Epi Link: \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_  
☐ ☐ ☐ ☐ Bloody diarrhea  
☐ ☐ ☐ ☐ Abdominal cramps or pain  
☐ ☐ ☐ ☐ Nausea  
☐ ☐ ☐ ☐ Vomiting  
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): \_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ Onset within 3 weeks of diarrheal episode  
☐ ☐ ☐ ☐ Antibiotic taken for this diarrheal illness  
☐ ☐ ☐ ☐ Antacid use regularly  
☐ ☐ ☐ ☐ Underlying illness, specify: \_\_\_\_\_

### Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ Kidney (renal) abnormality or failure  
☐ ☐ ☐ ☐ Thrombotic thrombocytopenic purpura (TTP)  
☐ ☐ ☐ ☐ Hemolytic uremic syndrome (HUS)  
☐ ☐ ☐ ☐ Delirium or disorientation

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

P N I O NT

- ☐ ☐ ☐ ☐ ☐ Shiga toxin  
☐ ☐ ☐ ☐ ☐ Elevated creatinine level  
☐ ☐ ☐ ☐ ☐ Proteinuria  
☐ ☐ ☐ ☐ ☐ Acute anemia with microangiopathic changes  
☐ ☐ ☐ ☐ ☐ Anemia (Hb<11, Hct<33)  
☐ ☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)  
☐ ☐ ☐ ☐ ☐ Hematuria

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset of diarrhea:

Exposure period

-8 -1

o  
n  
s  
e  
t

Contagious period

1 week to 3 weeks

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☒ ☒ ☒ ☒ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Household ☐ Casual ☐ Sexual

☐ Needle use ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult

☐ ☐ ☐ ☐ Congregate living Type:

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Beef

Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Ground beef

Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Handled raw meat

☐ ☐ ☐ ☐ Venison or other wild game meat

☐ ☐ ☐ ☐ Other meat products: \_\_\_\_\_

☐ ☐ ☐ ☐ Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)

☐ ☐ ☐ ☐ Raw fruits or vegetables

☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)

☐ ☐ ☐ ☐ Fresh herbs Type: \_\_\_\_\_

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Juices or cider Type: \_\_\_\_\_

☐ ☐ ☐ ☐ Unpasteurized juices or cider

☐ ☐ ☐ ☐ Known contaminated food product

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy

☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse) Specify animal: \_\_\_\_\_

☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere

☐ ☐ ☐ ☐ Cattle, cow or calf

☐ ☐ ☐ ☐ Sewage or human excreta

☐ ☐ ☐ ☐ Any type of sexual contact with others during the exposure period

# female sexual partners: \_\_\_\_\_

# male sexual partners: \_\_\_\_\_

**Where did exposure probably occur?**

☐ U.S. but not WA (State: \_\_\_\_\_)

☐ In WA (County: \_\_\_\_\_)

☐ Not in U.S. (Country/Region: \_\_\_\_\_)

☐ Unknown

**Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):**

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Employed as food worker

☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Household member or close contact work at or attend child care or preschool

**PUBLIC HEALTH ACTIONS**

☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until diarrhea ceases

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_

Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_